Attention: Lynette Filiano



CITY OF SHREVEPORT DEPARTMENT OF PUBLIC WORKS—SOLID WASTE 1731 KINGS HWY, SHREVEPORT, LA 71103 318-673-6300 Office * 318-673-6320 Fax

APPLICATION FOR BACKDOOR GARBAGE / RECYCLING COLLECTION FEE EXEMPTION FOR DISABLED CITIZENS

(Please print legibly or type)

Applicant's Name:	
Applicant's Address:	SHREVEPORT LA
Phone Number:	Other Number:
	APPLICANT'S STATEMENT
	the individual listed on this application, and that I am unable to carry my ion. I further certify that there is no one residing with me who is physically rbside for collection.
Applicant's Signature:	
PHYSICIAN'S STATEMENT: I hereby certify that I have examine	Permanently Disabled Temporarily Disabled Until Release Date: ed the applicant listed above, and that this individual is physically unable
I hereby certify that I have examine	Release Date: det the applicant listed above, and that this individual is physically unable telection. I have checked the box above that best describes their disability and the statement of th
I hereby certify that I have examine their garbage to the curbside for coll be able to provide any additional doc	Release Date: det the applicant listed above, and that this individual is physically unable telection. I have checked the box above that best describes their disability and the statement of th
I hereby certify that I have examine their garbage to the curbside for coll be able to provide any additional doc	Release Date: det the applicant listed above, and that this individual is physically unable a lection. I have checked the box above that best describes their disability accumentation if needed.
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address:	Release Date: Release Date:
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address: Office Phone: PHYSICIAN'S SIGNATURE:	Release Date: And the applicant listed above, and that this individual is physically unable lection. I have checked the box above that best describes their disability a cumentation if needed. Shreveport, LA Zipcode Fax:
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address: Office Phone: PHYSICIAN'S SIGNATURE:	Release Date: And the applicant listed above, and that this individual is physically unable election. I have checked the box above that best describes their disability accumentation if needed. Shreveport, LA Zipcode Fax: DATE:
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address: Office Phone: PHYSICIAN'S SIGNATURE:	Release Date: And the applicant listed above, and that this individual is physically unable election. I have checked the box above that best describes their disability accumentation if needed. Shreveport, LA Zipcode Fax: DATE: **DO NOT WRITE BELOW THIS LINE **
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address: Office Phone: PHYSICIAN'S SIGNATURE:	Release Date: And the applicant listed above, and that this individual is physically unable to lection. I have checked the box above that best describes their disability accumentation if needed. Shreveport, LA Zipcode Fax: DATE: **DO NOT WRITE BELOW THIS LINE ** COUNCIL DISTRICT DISTRICT
I hereby certify that I have examine their garbage to the curbside for collibe able to provide any additional doc Physician's Name: (PRINT ONLY Office Address: Office Phone: PHYSICIAN'S SIGNATURE:	Release Date: And the applicant listed above, and that this individual is physically unable election. I have checked the box above that best describes their disability accumentation if needed. Shreveport, LA Zipcode Fax: DATE: **DO NOT WRITE BELOW THIS LINE ** COUNCIL DISTRICT ROUTE NUMBER: